

Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested
Classification::

Suggested Group Art
Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?:: NO

Computer Readable
Form (CRF)?:: NO

Number of copies of CRF:: 0

Title:: NOVEL ANTIBODY COMPOSITIONS FOR PREPARING
ENRICHED MESENCHYMAL PROGENITOR
PREPARATIONS

Attorney Docket Number:: 7771-104

Request for Early
Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: TERRY

Middle Name:: E.

Family Name:: THOMAS

Name Suffix::

City of Residence:: Vancouver

State or Prov. Of
Residence:: British Columbia

Country of Residence:: CANADA

Street of mailing address:: 1510 West 1st Avenue, Suite 404

City of mailing address:: Vancouver

State or Province of
mailing address:: British Columbia

Country of mailing address:: CANADA

Postal or Zip Code of mailing address:: V6J 4S3

Inventor Authority Type:: Inventor

Primary Citizenship
Country:: Ireland

Status:: Full Capacity

Given Name:: EMER

Middle Name::

Family Name:: CLARKE

Name Suffix::

City of Residence:: Vancouver

State or Prov. Of Residence:: British Columbia

Country of Residence:: CANADA

Street of mailing address:: 2 West 21st Avenue

City of mailing address:: Vancouver

State or Province of mailing address:: British Columbia

Country of mailing address:: CANADA

Postal or Zip Code of mailing address:: V5Y 2C9

Correspondence Information

Correspondence Customer Number:: 001059

Phone Number:: (416) 364-7311

Fax Number:: (416) 361-1398

E-Mail Address:: mgravelle@bereskinparr.com

Representative Information

Representative
Customer Number:: 001059

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application 09/864,884	Divisional of Non-prov. of Prov.	09/864,884 60/207,368	May 25, 2001 May 26, 2000

Foreign Priority Applications

Country::	Application Number::	Filing Date::	Priority Claimed
------------------	-----------------------------	----------------------	-------------------------

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of
mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::